

Original: Court Record
 Copy: Parent
 Copy: Case Record

REFUSAL TO GIVE CONSENT TO ADOPTION**INSTRUCTIONS:**

This form is to be completed by the mother or presumed father who refuses to consent to the adoption of his or her child. If the form is signed in California, it shall be signed in the presence of a representative of the State Department of Social Services or a licensed California county adoption agency that investigates independent adoptions. The representative completes Section A. If the form is signed outside of California, it shall be signed in the presence of a notary who completes Section B.

COUNTY:

ACTION NUMBER:

I, _____, the ☐ mother / ☐ father of _____
 (NAME OF MINOR)

born on _____ refuse to give my consent to the adoption of said child
 (CHILD'S BIRTHDATE)

by _____
 (NAME OF PETITIONER(S))

SECTION A

COUNTY SIGNED IN

SIGNATURE OF PARENT

LOCATION SIGNED

DATE SIGNED

SDSS DISTRICT OFFICE OR COUNTY ADOPTION AGENCY:

SIGNATURE OF SDSS OR AGENCY REPRESENTATIVE

SECTION B

SIGNED OUTSIDE OF CALIFORNIA

STATE OF

COUNTY OF

Before me, _____ a Notary Public in and for said County
 and State, personally appeared _____,

known to me to be the person whose name is subscribed to the within instruments, and acknowledged that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this _____ day
 of _____, 19_____.

AFFIX NOTARIAL SEAL

SIGNED



NOTARY PUBLIC IN AND FOR SAID STATE AND COUNTY

MY COMMISSION EXPIRES: